

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09616265		FILING DATE 9/28/00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7	1						57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16	1						66				
17							67				
18							68				
19							69				
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21							71				
22							72				
23							73				
24	1						74				
25							75				
26							76				
27							77				
28							78				
29							79				
30	1						80				
31	1						81				
32							82				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	25						TOTAL DEP.				
TOTAL CLAIMS	31						TOTAL CLAIMS				
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS											
FORM PTO-1360 (REV. 3-78)											
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